

Keep thinking about unanswered questions in primary care: Cultivating negative capability

To the Editor,

In the primary care setting, we frequently encounter “unanswered questions,” i.e., issues that we are unsure of how to resolve. Examples of “unanswered questions” in primary care are cases in which medical treatment does not provide a fundamental solution because of psychosocial factors such as poverty and loneliness. In such cases, primary care physicians attempt to address the issue through various approaches, but there are still many cases in which there is almost nothing that can be done. In such cases, we would like to highlight the significance of “tolerance for uncertainty” or “negative capability.” Tolerance for uncertainty is considered important in complex problem-solving.¹

In the 2022 edition of the Model Core Curriculum for Medical Education in Japan, “liberal arts” was introduced as an element of professionalism.² The content of “liberal arts” is to “obtain the knowledge suitable for physicians who are deeply involved in human life” and to “continue to think about questions that have no answers.” The latter, in particular, has never been referenced in the Model Core Curriculum and is mentioned for the first time in this revision.

Problems with a high level of uncertainty and no one solution are referred to as unanswered questions. Uncertainty in health-care has become an increasingly identified problem, and in recent years, there has been much evidence relating physician uncertainty tolerance and well-being.³ In particular, low physician uncertainty tolerance has been demonstrated to increase burnout. Increasing uncertainty tolerance seems particularly crucial for primary care physicians, as they are likely to experience more uncertain situations; however, a US study discovered that uncertainty tolerance was not necessarily higher among primary care physicians than in other medical specialties.⁴

Negative capability is a concept associated with uncertainty tolerance and was introduced by psychiatrist Wilfred Bion as an important competence for physicians.⁵ Originally described by poet John Keats as the capacity to accept ambiguity and the unresolved, it was a quality possessed by great achievers such as Shakespeare, who said that negative capability is “when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason.”⁵

In the present era, the emphasis is on so-called positive capability, but we think that the ability to nurture negative capability

and to keep thinking about unanswerable questions is crucial in professionalism. In the East, Buddhist education, particularly in the Zen sect, has been based on the practice of making students think about illogical questions. For instance, the Japanese Zen monk Hakuin asked his students the following question: “What is the sound of one hand clapping?” The learner continues to think about and grow in such unanswered questions in dialogue with the master.

In order to foster negative capability, the practice of dialogue may be effective. In Open Dialogue, where patients with mental illness are healed through dialogue, one of the principles for medical professionals is “tolerance for uncertainty.” Thus, as part of the professional education of primary care physicians, we support nurturing uncertainty tolerance or negative capability.

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CONFLICT OF INTEREST STATEMENT

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

Daisuke Son MD, PhD, MHPE¹ 

Kazuoki Inoue MD, PhD² 

Minako Kamimoto MD³

Shin-ichi Taniguchi MD, PhD¹

¹Department of Community-based Family Medicine, Faculty of Medicine, Tottori University, Yonago, Japan

²National Health Insurance Daisen Clinic, Tottori, Japan

³Tottori Medical Career Support Center, Tottori University Hospital, Yonago, Japan

Correspondence

Daisuke Son, Department of Community-based Family Medicine, Faculty of Medicine, Tottori University, Yonago, 683-8503, Japan.

Email: sondtky@gmail.com

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ORCID

Daisuke Son  <https://orcid.org/0000-0002-7053-162X>

Kazuoki Inoue  <https://orcid.org/0000-0001-6959-2751>

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